Attached submission for National Men's Health Policy

Sincerely
Tony Bowring

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# THE BOTTOM LINE NATIONAL MEN'S HEALTH POLICY

**THE GROUND RULES**

What has clearly emerged from the on-going development of men's health work in Australia is that there are two generally accepted concepts that should be integral to the creation of a National Men's Health Policy:

- Men's health should be about wellness, not just illness. This approach has been described as salutogenic not pathogenic. It reinforces that men's health is not just about male specific pathology in prostate cancer, fertility etc, nor just about the negative sociology of maleness associated with male suicide, men and divorce etc. A salutogenic approach seeks to find what is enhancing in the contexts of people's lives: their physical, emotional, social, psychological, spiritual and cultural environments. It should also be strengths based work.
- The fundamental need for a men's health approach is not that resources have preferentially gone to women but that health service provision has failed to identify and address men's needs. A men's health agenda has grown from widespread concern among health workers engaged in front line services that health and other community services have not adequately met men's needs. A co-operative approach is emerging that recognises the value to women's health of having regard to male gender as part of a gender based approach to health for consideration in health care debates.

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| 1. Focusing on ease of **access to health care** for men:<br>- Hours of operation<br>- Physical location of health care providers<br>- Possible use of men's "Outreach Services" (services that come to men) - Special access requirements of men rural and remote areas | In places men are ie. Clubs, pubs, social groups, work etc..\<br>By Improving gender balance in the focus of health care provision ("male friendly GP clinics, resources and programs). For specific groups of men ie. Indigenous, rural and remote, disabled, gay men, CALD men, older men, younger men and boys. |
| 2. Increasing the body of evidence/**research** about men's health issues | For specific groups of men ie. Indigenous, rural and remote, disabled, gay men, CALD men, older men, younger men and boys. |
| 3. Encouraging the provision **of training** to health practitioners in how to address men's health needs | Considering specific training for health practitioners caring for Aboriginal and Torres Strait Islander men and other specific training for doctors, nurses, allied health workers and community health workers. |
| 4. Working to increase the awareness of men's health issues in the community and improve male health outcomes by providing **men's health education/promotion programs and services** | Promoting and adapting local men's health projects and programs that are currently working.<br>Pilot new programs for men.<br>Ensure long term funding for successful programs.<br>Fund IMHW at the Federal Level.<br>For specific groups of men ie. Indigenous, rural and remote, disabled, gay men, CALD men, older men, younger men and boys. |
| 5. Administration of the Policy | 1. Create a National Men's Health Advisory Committee to oversee the policy work<br>2. Employ 2 Men's Health Workers per state and territory, 1 city and 1 regional to oversee work on projects/programs/service delivery/ access issues etc.<br>3. Regular yearly review of policy areas. |